Australian Government
Repatriation Medical Authority

# Statement of Principles concerning INCISIONAL HERNIA (Balance of Probabilities) (No. 90 of 2025)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

Dated 24 October 2025

Professor Terence Campbell AM
Chairperson
by and on behalf of
The Repatriation Medical Authority

# Contents

## 1 Name

This is the Statement of Principles concerning *incisional hernia (Balance of Probabilities)* (No. 90 of 2025).

## 2 Commencement

This instrument commences on **24 November 2025**.

## 3 Authority

This instrument is made under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

## 4 Repeal

The Statement of Principles concerning incisional hernia (Balance of Probabilities) (No. 74 of 2016) (Federal Register of Legislation No. F2016L01349) made under subsection 196B(3) of the VEA is repealed.

## 5 Application

This instrument applies to a claim to which section 120B of the VEA or section 339 of the *Military Rehabilitation and Compensation Act 2004* applies.

## 6 Definitions

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

## 7 Kind of injury, disease or death to which this Statement of Principles relates

(1) This Statement of Principles is about incisional hernia and death from incisional hernia.

*Meaning of **incisional hernia***

(2) For the purposes of this Statement of Principles, incisional hernia:

(a) means a protrusion of intra-abdominal tissue through a fascial defect in the abdominal wall at the site of a previous surgical incision; and
(b) includes incisional hernia that recurs following surgical repair of an incisional hernia.

(3) While incisional hernia attracts ICD-10-AM code K43.0, K43.1 or K43.2, in applying this Statement of Principles the meaning of incisional hernia is that given in subsection (2).

(4) For subsection (3), a reference to an ICD-10-AM code is a reference to the code assigned to a particular kind of injury or disease in *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification* (ICD-10-AM), Tenth Edition, effective date of 1 July 2017, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-296-4.

*Death from* ***incisional hernia***

(5) For the purposes of this Statement of Principles, incisional hernia, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's incisional hernia.

Note: ***terminal event*** is defined in the Schedule 1 – Dictionary.

## 8 Basis for determining the factors

On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that incisional hernia and death from incisional hernia can be related to relevant service rendered by veterans or members of the Forces under the VEA, or members under the MRCA.

Note: ***MRCA***, ***relevant service*** and ***VEA*** are defined in the Schedule 1 – Dictionary.

## 9 Factors that must exist

At least one of the following factors must exist before it can be said that, on the balance of probabilities, incisional hernia or death from incisional hernia is connected with the circumstances of a person's relevant service:

(1) having worsening of Marfan syndrome before clinical onset;

(2) having an incision for a surgical procedure which penetrates the abdominal wall before clinical onset at the incision site;

Note: Examples of surgical procedures which can penetrate the abdominal wall include, but are not limited to, laparoscopy, laparotomy, caesarean section, ileostomy, colostomy, prostatectomy, colectomy, and abdominal organ transplantation.

(3) having a superficial infection within 30 days, at the incision site of a surgical procedure which penetrates the abdominal wall, in the 5 years before clinical onset at the incision site;

Note: ***superficial infection*** is defined in the Schedule 1 – Dictionary.

(4) having a deep infection within 90 days, at the incision site of a surgical procedure which penetrates the abdominal wall, in the 5 years before clinical onset at the incision site;

Note: ***deep infection*** is defined in the Schedule 1 – Dictionary.

(5) having wound dehiscence within 30 days, at the incision site of a surgical procedure which penetrates the abdominal wall, before clinical onset at the incision site;

Note: ***wound dehiscence*** is defined in the Schedule 1 - Dictionary.

(6) taking sirolimus or everolimus for the purpose of transplant immunosuppression, within the 3 years following a surgical procedure which penetrates the abdominal wall, before clinical onset at the incision site;

(7) taking corticosteroids other than inhaled or topical corticosteroids, for the purpose of immunosuppression, at the time of a surgical procedure which penetrates the abdominal wall, before clinical onset at the incision site;

(8) taking systemic VEGF or VEGF-receptor inhibitors within the 3 months prior to, or 3 months following a surgical procedure which penetrates the abdominal wall, before clinical onset at the incision site;

Note: Examples of VEGF/VEGF-receptor inhibitors include, but are not limited to, bevacizumab, cabozantinib, regorafenib, lenvatinib, axitinib, pazopanib, and nintedanib.

(9) having increased intra-abdominal pressure at the time of, or following a surgical procedure which penetrates the abdominal wall, before clinical onset at the incision site;

Note: Examples of conditions or settings which cause increased intra-abdominal pressure include, but are not limited to, ascites, constipation, coughing, heavy lifting, chronic ambulatory peritoneal dialysis, pregnancy, and straining.

(10) having a Body Mass Index (BMI) of 25 or greater at the time of a surgical procedure which penetrates the abdominal wall, before clinical onset at the incision site;

Note: Body Mass Index (BMI) is calculated as $W/H^2$ where:

(a) W is the person's weight in kilograms; and

(b) H is the person's height in metres.

(11) having cirrhosis of the liver at the time of a surgical procedure which penetrates the abdominal wall, before clinical onset at the incision site;

(12) smoking tobacco at the time of (or during healing of) a surgical procedure which penetrates the abdominal wall, before clinical onset at the incision site;

(13) having severe malnutrition at the time of a surgical procedure which penetrates the abdominal wall, before clinical onset at the incision site;

(14) inability to obtain appropriate clinical management for incisional hernia before clinical worsening.

## 10 Relationship to service

(1) The existence in a person of any factor referred to in section 9, must be related to the relevant service rendered by the person.

(2) The factor set out in subsection 9(14) applies only to material contribution to, or aggravation of, incisional hernia where the person's incisional hernia was suffered or contracted before or during (but did not arise out of) the person's relevant service.

## 11 Factors referring to an injury or disease covered by another Statement of Principles

In this Statement of Principles:

(1) if a factor referred to in section 9 applies in relation to a person; and

(2) that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(3) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

# Schedule 1 - Dictionary

Note: See Section 6

## 1 Definitions

In this instrument:

***deep infection*** means an infection involving deep soft tissues of the incision, for example fascial and muscle layers.

***incisional hernia***—see subsection 7(2).

***MRCA*** means the *Military Rehabilitation and Compensation Act 2004*.

***relevant service*** means:

(a) eligible war service (other than operational service) under the VEA;
(b) defence service (other than hazardous service and British nuclear test defence service) under the VEA; or
(c) peacetime service under the MRCA.

Note: ***MRCA*** and ***VEA*** are also defined in the Schedule 1 - Dictionary.

***superficial infection*** means an infection involving only the skin and subcutaneous tissue of the incision, other than a stitch abscess in which there is minimal inflammation and discharge confined to the points of suture penetration.

***terminal event*** means the proximate or ultimate cause of death and includes the following:

(a) pneumonia;
(b) respiratory failure;
(c) cardiac arrest;
(d) circulatory failure; or
(e) cessation of brain function.

***VEA*** means the *Veterans' Entitlements Act 1986*.

***wound dehiscence*** means a complete or partial disruption of all layers of a surgical wound, including the fascia.